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35437 7590 12/12/2007

MINTZ LEVIN COHN FERRIS GLOVSKY & POPEO
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Sylvia A. Belardo	(Depositor's name)
<i>Sylvia A. Belardo</i>	(Signature)
March 5, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/600,132	06/19/2003	Thomas A. Miller	24852-501 CIP	8627

TITLE OF INVENTION: POLYMORPHS OF SUBEROYLANILIDE HYDROXAMIC ACID

03/10/2008 MCEBREH2 00000000 10000000

01 FC:1501 1440.00 CP
 02 FC:1504 302.00 PD
 15 DATE DUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	03/12/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
VALENROD, YEVGENY	1621	514-575000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ivor R. Elrifi, Esq.
Mintz Levin Cohn Ferris
2 Glovsky and Popeo PC
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MERCK HDAC RESEARCH, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies **5**

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-0311** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Michelle A. Iwamoto*

Typed or printed name **Michelle A. Iwamoto**

Date **March 5, 2008**

Registration No. **55,296**

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